

## ISSUE FEE TRANSMITTAL

U.S. Department of Commerce  
Patent and Trademark Office

This form is provided in lieu of a formal transmittal and should be used for transmitting the Issue Fee. Sections 1A through 4 must be completed as appropriate.

INVENTOR(S) ADDRESS CHANGE SC/SERIAL NO.

## MAILING INSTRUCTIONS

All further correspondence including the Issue Fee Receipt, the Patent, and advanced orders will be mailed to the addressee entered in section 1 on PTOL-85c, unless you direct otherwise by specifying the appropriate name and address in 1A below.

INVENTOR'S NAME

Street Address

City, State and Zip Code

CO-INVENTOR'S NAME

Street Address

City, State and Zip Code

☐ Check if additional changes are on reverse side.

2A. The COMMISSIONER OF PATENTS AND TRADE-MARKS is requested to apply the Issue Fee to the application identified below.

(Signature of party in interest of record)

David J. Joseph

Reg. No. 22,849

(Date)

10/9/8

Note: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

SC/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
06/358,055	03/15/82	030	MADDELL, F	08/23/84
First Named Applicant	CLARK,	LELAND C.	JR.	

TITLE OF INVENTION

METHODS OF TREATING DISORDERS OF AN EYE WITH LIQUID PERFLUOROCARBONS  
(AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
424-005.000	C37	UTILITY	YES	\$250.00	11/23/84	

1A. Further correspondence to be mailed to the following:

WOOD, HERRON & EVANS  
2700 Carew Tower  
Cincinnati OH 45202

2B. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 WOOD, HERRON &amp; EVANS

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DO NOT USE THIS SPACE

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250.00 CK

3. ASSIGNMENT DATA (print or type)

- A. (1) ☐ This application is NOT assigned.  
 (2) ☒ Assignment previously submitted to the Patent and Trademark Office.  
 (3) ☐ Assignment submitted herewith.

B. For Printing On The Patent: (Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data below is only appropriate when an assignment has been previously submitted to the PTO or is submitted herewith. Completion of this form is NOT a substitute for filing of an assignment as required by 37 C.F.R. 1.334).

(1) NAME OF ASSIGNEE:

CHILDREN'S HOSPITAL MEDICAL CENTER

(2) ADDRESS: (City &amp; State or Country)

Cincinnati, Ohio

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION:

OHIO

4.

The following fees are enclose:

☒ Issue fee ☐ Advanced order ☐ Assignment recording

The following fees should be charged to deposit acc. no.

(PTOL-85c or additional copy of PTOL-85b must be enclosed)

☐ Issue fee  
☐ Advanced order  
☐ Assignment recordingNumber of advanced order copies requested. \_\_\_\_\_  
(must be for 10 or more copies)

TRANSMIT THIS FORM WITH FEE